



CITY OF NEWTON
FIRE PREVENTION BUREAU
116 West "A" Street, Newton, NC 28658
Phone: (828) 695-4284 Fax: (828) 465-7453
USE PERMIT APPLICATION



PLEASE PRINT

Business Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name & Title of Person Making Application: _____

Telephone Number: (_____) _____ Description of Operation: _____

Emergency Notification: Please list names of personnel to contact in the event of an emergency after hours.

Name: _____ Telephone #: (_____) _____

Name: _____ Telephone #: (_____) _____

These answers have been given to the best of my ability and knowledge. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation of the use permit.

Signature: _____ Title: _____

FIRE DEPARTMENT USE ONLY:

Type of Occupancy: ☐ Assembly ☐ Business ☐ Educational ☐ Storage

☐ Factory / Industrial ☐ Institutional ☐ Hazardous ☐ Mercantile ☐ Residential

Fire Safety Equipment: ☐ Sprinkler System ☐ Fire Alarm System ☐ Fire Suppression System

☐ Knox Lock Box _____ ☐ Area of Rescue _____
(Location) (Location)

☐ Strip Mall _____ FACP _____ Riser _____
(Name) (Location) (Location)

PIN #: _____ Case #: _____ Cust #: _____

Inspector: _____ Permit Type: _____ Permit Fee: _____

Inspection Frequency: _____ Inspection Completed: _____ Next Inspection: _____

Permit Provisions / Comments: _____

Close Out: _____ Case #: _____

Change to Vacant: _____ Case #: _____ Insp. Date: _____